



Effective 12/08/2004.
Changes pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818)

FEE TRANSMITTAL For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

		Complete if Known	
Application Number		09/922,060	
Filing Date		August 3, 2001	
First Named Inventor		PAI et al.	
Art Unit		1753	
Examiner Name		Kishor Mayekar	
TOTAL AMOUNT OF PAYMENT	\$1,520.00	Attorney Docket Number	12492.0047

METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account		Deposit Account Number: 19-4293		Deposit Account Name: Steptoe & Johnson LLP
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)				
<input checked="" type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments		<input checked="" type="checkbox"/> Credit any overpayments		
of fee(s) under 37 CFR 1.16 and 1.17				

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Small Entity
Each claim over 20 (including Reissues)	50 25
Each independent claim over 3 (including Reissues)	200 100
Multiple dependent claims	360 180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
0	-20 or HP+	0	x 25 = \$			
	HP = highest number of total claims paid for, if greater than 20					
<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>—</u>	<u>—</u>	<u>—</u>
0	-3 or HP+	0	x 200 = 0.00			
	HP = highest number of independent claims paid for, if greater than 3					

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	0	0	\$250	\$0

(round up to a whole number)

4. OTHER FEE(S)

Notice of Appeal and Three Month Extension of Time

Fees Paid (\$)
\$1,520.00

SUBMITTED BY				
Signature			Registration No.	53,638
Name (Print/Type)	C. Donald Stevens		Telephone	(202) 429-3000
			Date	6/28/06